

APPOINTMENT APPLICATION

PART A

(Car Rental Permittee Applicant: Please fill in your company's name and address below, and then forward this appointment form to the insurance company(ies) which your company will represent, for their completion. Faxing this form is permitted.)

[Rental Agency company name] _____
[mailing address] _____
[town, state, zip] _____
[phone # & contact person] _____

PART B

Instructions to the Insurance Company: Please fully complete and sign this appointment application for the Car Rental Agency which is requesting a permit from the State of CT Insurance Department. Upon completion, please return this form to the Permittee Applicant (Car Rental Agency), who will include it with the Permit application to be submitted to this Department. (Inclusion of an **Email address of licensing contact person for this insurance company is required.**)

[Insurance company name] _____
[mailing address] _____
[city, state, zipcode] _____
[phone #] _____ [fax #] _____
[company contact person & phone #] _____
[email address of contact person] _____
[CT company #] _____ [NAIC #] _____

(Name of Rental Company and address)
is hereby appointed to transact business, to solicit, to negotiate
or effect contracts of insurance on behalf of
_____, named above, **only** in
(Insurance Co. name)
the limited capacities which are relevant to the business of
vehicle rentals, as set forth in subsection (b)(1-4) of section 38a-
799 of the Connecticut General Statutes.
The following insurance coverages will be offered on
Connecticut approved forms by the _____

(Insurance Co. name)

pertinent to this appointment: (Please check those that apply)

___ Personal accident insurance covering risks of travel, including accident and health insurance, accidental death or dismemberment and reimbursement for medical expenses.

___ Liability insurance, including uninsured and underinsured motorist coverage, for liability arising from the operation of the rental vehicle.

___ Personal effects insurance that provides coverage for loss of, or damage to personal effects of the renter or other vehicle occupants.

___ Roadside assistance and emergency sickness protection programs.

The undersigned, being an insurer authorized to do insurance business in the State of Connecticut, hereby states that it intends to appoint the above named applicant, if duly authorized, to act as its agent for the line(s) of insurance set forth herein. The appointment will be effective when the permit application is approved by the State of CT Insurance Department.

Additionally, the undersigned understands that the appointment made herein is considered by the Connecticut Insurance Department to be perpetual. It will remain valid unless and until terminated by the Insurance Company which is represented by the undersigned. Any such termination must be sent in writing to this Department, and must include the termination date and reason.

Authorized signature

Date

Print name of signatory

Title

Email address of licensing contact person for this Insurance Co.